

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017525

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 317Primary Registration District No. 547Registrar's No. 1280

FILED MAY 9 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Richmond Heights

Length of stay in lb

54 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Edmundson

d. STREET ADDRESS

4410

(If outside, give location)

Dothan

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

LAURA Grace

MCLEES

Hunter

4. DATE

Month

Day

Year

April

25

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed

8. DATE OF BIRTH

2-12-1886

9. AGE (last birthday)

76

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEKEEPER

HOME

S. DAKOTA

USA

11. BIRTHPLACE (City and state or country)

HOUSEKEEPER

HOME

S. DAKOTA

USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WM. MCLEES

13b. MOTHER'S MAIDEN NAME

ARMINTA HARTLEY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. INFORMANT

H.W. MC HAFFIE, 4410 DOTHAN

17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-2-62

to 4-24-62

and last saw her alive on 4-24-62

Death occurred at 1 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

461 Euclid Blvd.

22c. DATE SIGNED

4/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-25-62

23c. NAME OF CEMETERY OR CREMATORY

MASONIC

23d. LOCATION (City, town, or county)

DES MOINES IOWA

23e. (State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

4-25-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

MAY 9 1962

JUN 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.